

Some of the suggestions made herein with
reference to the composition have been con-
siderably modified - vide bill

ABSTRACT OF AN ADDRESS ON A PROPOSED SCHEME FOR A
DOMINION MEDICAL COUNCIL.

BY

T. G. RODDICK, M.D., LL.D., M.P.,
Professor of Surgery, McGill University.

(Reprinted from the Montreal Medical Journal, April, 1899.)

610
R686

610
2026



ABSTRACT OF AN ADDRESS ON A PROPOSED SCHEME FOR
A DOMINION MEDICAL COUNCIL.

BY

T. G. RODDICK, M.D., LL.D., M.P.

Professor of Surgery, McGill University.

As you are all aware, by the British North America Act, the subject of education was placed within the exclusive jurisdiction of the Provincial Legislatures. Section 93 of that Act reads : " In and for each Province the Legislature may exclusively make laws in relation to Education, subject and according to the following Provisions." These provisions do not, however, interest us, as they have reference entirely to common schools. This fact would give one the impression that professional education was not meant to be included in the section, or that it was overlooked or forgotten by those who were responsible for the framing of the act.

The Confederation of the Provinces had scarcely been consummated when our profession realized that a mistake had been made and that the multiplicity of medical boards throughout the Dominion would lead to great abuses and untold complications. Therefore we find the Canadian Medical Association at one of its earliest meetings, in 1869, suggesting a Dominion Medical Bill, called "The Medical Act of the Dominion of Canada." This bill, most comprehensive, was presented before the Association at the third meeting, in the city of Ottawa; and after a long and somewhat acrimonious debate, was finally abandoned; and so far as I know, was never brought up for reconsideration. Doubtless the fact that the profession in Ontario had, in the meantime, put into operation their own medical act, militated against the greater scheme. I am inclined to think that other reasons for its early demise are to be found

in the attempt made, practically to expunge the provincial boards, and also to give a preponderating influence to the universities.

Nothing further was done however in this direction until a very few years since, when at the meeting of the Canadian Medical Association in Kingston, a committee was formed to discuss and report upon the question of interprovincial registration or some scheme of reciprocity, all with a view to harmonizing the practice of the profession throughout the Dominion, but more especially on the frontier settlements of the various provinces.

Little of a practical character was accomplished until last year, when the committee reported very fully, making among other recommendations the following: "That so soon as the various councils of the Dominion shall establish an examining board of the Dominion conducted by examiners appointed by the medical councils of the several provinces, their candidates passing a successful examination before said board and obtaining a certificate to that effect, shall be entitled to registration in the several provinces of the Dominion on payment of the registration fee, providing they are not guilty of infamous or disgraceful conduct in a professional respect.

"Your committee desire to recommend that further efforts be made to ascertain the practicability of federal legislation leading to the establishment of a central qualification which will also place the profession in Canada upon an equal footing with that of Great Britain, and that Dr. Roddick be authorized to take the necessary steps in said matter.

"We further recommend that this association shall appoint a committee who shall consider and recommend the details as to the number of examiners to be appointed, the method of conducting examinations the fees to be charged, and other necessary details to bring the aforesaid scheme into active operation, which details the officers of this association shall, with the foregoing, send to each of the respective councils for approval."

The following were named a committee to strengthen Dr. Roddick's hands before the Government:—Dr. McNeil, Prince Edward Island; Dr. Muir, Nova Scotia; Dr. Walker, New Brunswick; Hon. Dr. Marcil, Quebec; Dr. Williams, Ontario; Dr. Thornton, Manitoba; Dr. Bain, Northwest Territories, and Dr. McKechnie, British Columbia.

(The delegates from Quebec on the committee could promise nothing with regard to a central examining board for the Province of Quebec, the universities having already positively refused to surrender their charter rights).

Feeling the responsibility of this charge, I have been engaged more or less, ever since the meeting, collecting information from various sources (among others from the law officers of the Crown) and am now in a posi-

tion to place before the profession of Canada a scheme which if acceptable to the various medical boards of the Dominion, may I trust with some modifications, become law at no distant date.

At first sight it would seem as if any plan were impossible that looked to united action. The Dominion Parliament cannot, on the one hand, infringe on the Provincial jurisdiction, while, on the other hand the Provincial Legislatures cannot unite in creating a central or federal medical board, because their powers are, in each instance, confined strictly to their own territory. If this opinion be correct, any scheme looking to interprovincial registration, or in other words any bargain made between the Profession in the various Provinces, or between the Boards as representing the Profession, would be *ultra vires*.

Under Section 91 however, of the British North America Act, the Dominion Parliament has power "To make laws for the Peace, Order and good Government of Canada, in relation to all matters not coming within the Classes of Subjects by this Act assigned exclusively to the Legislatures of the Provinces." Under these general terms it is believed that the Dominion Parliament may create a corporation for such objects relating to medical education and practice as are of general Dominion interest, and importance, and as are beyond the Provincial powers.

Uniformity of medical education and the promotion of interprovincial registration are just such objects. The plan by which it is now proposed (for our purpose) to effect them is as follows:—

By an Act of the Dominion Parliament, a corporation may be created called, let us say *The Dominion Medical Council* which would be composed of medical practitioners from each province and from the Northwest territories. The principal function of this council would be to register all persons who have complied with certain requirements, as to education and training for the practice of medicine and surgery, and all applicants who shall have complied, would receive what might be termed Dominion registration by the council.

This registration would, however, *per se* confer no right to practise in any province of the Dominion. The Dominion Parliament has, of course, no power to make such an enactment; but it is within its power to enact that such registration shall alone confer the right to practise in any of the territories over which it has direct legislative control; and it may provide that such registration shall be a condition of employment in any medical capacity in the active service of the Dominion, as for example, the quarantine service, penitentiary surgeons, mounted police surgeons, the surgeons of the militia force generally, etc. Besides another important result of the establishment of such a system would be that Medical practitioners registered under it could claim registration under the Imperial Medical Act of 1886, without undergoing further

examination. By this Act (as you are aware) where parts of a British possession are under both a central and a local legislature, the authority of the central legislature is requisite to entitle a colonial practitioner to British registry. Under the existing systems of provincial registration, Canadian practitioners are debarred from entering the extensive field of medical employment in the various departments of the Imperial service, such as for example, the army and navy, the Indian medical service, the colonial medical services, medical service under the Board of trade, including ships' surgeons, etc., also from employment as sanitary officers in the United Kingdom.

At this point, however, the powers of this council would cease. *In order to bring about what we most desire*, viz. interprovincial registration, all the medical boards in the Dominion would have to be consulted, and their consent obtained to the passage of a short Act in their own Legislature, giving the right to any person registered under the Dominion Act to practise in any province, subject, of course, to the payment of any fee that the Province may impose. It will have to be shown further that the person obtaining Dominion registration has given evidence of possessing qualifications at least equal to those required for registration under the existing law of any Province. In other words, the educational standard as to preliminary examination for study, the professional curriculum followed and the final examination must be fixed by the Dominion council at a level as high as or higher than that of any Province, with power in the council to keep it always so; and in case of failure at any time to maintain the standard, the Governor-General in Council might have power to intervene.

In the case of some of the Provinces, where the medical councils already possess the power of determining such equivalents, this matter could, perhaps, be arranged directly by these Councils. The medical councils of Ontario, Nova Scotia and the Northwest Territories have by recent enactments obtained such powers.

It will be observed that the proposed plan avoids in every possible way any encroachment upon the exclusive right of the Provinces as to maintaining their own system of medical education and registration. *I fully realize that any scheme, to have a sound constitutional basis and prove acceptable in working, must not encroach upon the provincial autonomy.* The various provincial medical boards or councils, (as they may be termed) shall continue their work of examination and registration as before, and to them shall be left all questions of taxation, discipline, etc. In a word the establishment of a Dominion Medical Council would simply provide a direct and efficient way of interprovincial registration, while promoting a high level of professional education.

One of the most difficult problems in connection with this subject is

the composition of the proposed council. It is evident that it must be thoroughly representative of the Provinces; and as it will have to deal with professional questions, it should be kept above the plane of political interference. The matter, however, being one of great public importance, and the assistance of the Dominion Parliament being invoked, some provision would doubtless have to be made for the representation of that interest.

Let me suggest, then, that a Provincial Council consist of three classes of members, all of whom would be registered medical practitioners:

(a). One from each Province, including the Northwest Territories, to be appointed by the Governor-General in Council.

(b). One from each Province, including the Northwest Territories to be appointed by the Medical Council of the Province.

(c). The President of each Provincial Medical Council to be an *ex officio* member.

This would give a council of 24 members.

It is a question whether all the Provinces should have an equal number of members, in the council as permanently constituted, or whether the representation should be in some measure graded according to the relative number of practitioners in each province. In any case it would be desirable to keep the council of moderate number, for ease and efficiency of working, and to secure a representative majority at all times.

Now, so far, the outline of the proposed scheme deals only with students of medicine wishing to qualify themselves for practice in all or any of the provinces which accept Dominion registration as sufficient evidence of professional capacity.

With regard, however, to medical practitioners actually practising at the time of the passing of such an act, should the right be given them to avail themselves of the privileges under the act admitting them to practise in other provinces than that in which they had originally qualified? Should it be retroactive?

Many objections would doubtless be raised to such a clause, especially by the profession in the younger provinces who might dread a stampede in their direction. This could readily be overcome, however, by making some time limit, say five or seven years of actual practice, coupled with evidence of good professional standing. Medical men in practice for that length of time would not be so likely to migrate as the more recent graduates.

There are many matters of detail that might be introduced, but my chief purpose to-night is to excite a discussion on the general practicability of such a scheme as that which I have endeavored to outline.

The present state of affairs in connection with the practice of our profession in this country is anomalous, and exists perhaps, nowhere else.

Where we have, simply imaginary lines or narrow rivers separating our provinces the present arrangements must continue to lead to hardships, both to the public and to medical men themselves, and sometimes to grave abuse. Besides, the provinces are all congested, the number of medical men being far too numerous in proportion to the population. This scheme would not only lead to a more equable distribution, but it would throw open the entire British Empire to our Canadian youth who have adopted medicine as a profession.

